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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		TI-31729		
First N	amed Inventor or Application	ldentifier	Guoqiang Xing, et al.	
Title	Dual Hardmask Proce Interconnects	ss for the F	ormation of Copper/Low-K	

Express Mail Label No. EL645456468US Assistant Commissioner for Patents ADDRESS TO: APPLICATION ELEMENTS **Box Patent Application** See MPEP Chapter 600 concerning utility patent application contents Washington, DC 20231 Microfiche Computer Program (Appendix) Fee Transmittal Form (e.g., PTO/SB/17) 6. (Submit an original, and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence Submission Specification [Total Pages 24 X (if applicable, all necessary) (preferred arrangement set forth below) - Descriptive title of the Invention Computer Readable Copy a. - Cross References to Related Applications Statement Regarding Fed sponsored R&D b. Paper Copy (identical to computer copy) - Reference to Microfiche Appendix - Background of the Invention Statement verifying identical of above copies C - Brief Summary of the Invention - Brief Description of the Drawings (if filed) ACCOMPANYING APPLICATION PARTS - Detailed Description - Claim(s) X Assignment Papers (cover sheet & Documents(s)) 8. - Abstract of the Disclosure 37 CFR 3.73(b) Statement Power of [Total Sheets 9. Drawing(s) (35 USC d113) 3. Attorney (when there is an assignee) (informal) 2 10. English Translation Document (if applicable) [Total Pages Oath or Declaration Copies of IDS Information Disclosure Х Newly Executed (original or copy) 11. Statement (IDS)/PTO-1449 Citations a. Copy from a prior application (37 CFR 1.63(d)) Preliminary Amendment 12. h (for continuation/divisional with Box 17 completed) Return Receipt Postcard (MPEP 503) [Note Box 5 below] X 13. (Should be specifically itemized) Statement filed in prior application Small Entity **DELETION OF INVENTOR(S)** 14. Statement(s) Status still proper and desired Signed statement attached deleting inventor(s) (PTO/SB/09-12) named in the prior application, Certified Copy of Priority Document(s) see 37 CFR 1.63(d)(2) and 1.33(b). 15. if foreign priority is claimed) Incorporation By Reference (useable if Box 4b is checked) Other: 16. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is A new statement is required to be entitled to pay small entity fees, except hereby incorporated by reference therein. where one has been filed in a prior application and is being relied upon. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: of prior application No: ☐ Continuation Divisional Continuation-in-part (CIP) Group / Art Unit: Prior application information: Examiner 18. CORRESPONDENCE ADDRESS 23494 Correspondence address below Customer Number or Bar Code Label NAME **ADDRESS** ZIP CODE STATE CITY FAX **TELEPHONE** COUNTRY 972/917-4418 972/917-4258 Registration No. (Attorney/Agent) 44.923 Name (Print/Type) Peter K. McLarty Mate Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual Chief Information Officer, Patent and Trademark Office Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO equired to complete this form should be sent to the

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PTO/SB/17 (1/98)
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TOTAL AMOUNT OF PAYMENT	(\$) 710.00	Attorney Docket No.	TI-31729	<i>_</i>
Otherwise large chary roos must be pare.		Group / Art Unit	Complete If Known 07/09/2001 Guoqiang Xing, et al. TI-31729	
otherwise large entity fees must be paid.	See Forms PTO/SB/09-12.	Examiner Name		
These are the fees effective O	ctober 1, 1997	First Named Inventor		
Patent fees are subject to annual re-	vision on October 1.	Application Number Application Number 97 Filling Date 97 First Named Inventor Guoqiang Xing, et al. Examiner Name Group / Art Unit Atterney Desket No.		
LEE I LANSIN	Application Filing Date First Named Examiner N Group / Arternay Date Application Filing Date First Named Examiner N Group / Arternay Date	Application Number		
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				FEE CALCULATION (continued)						
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Charge any additional fee Charge all indicated fees and any additional fee required or credit any				39	130	139	130	Non-English sp	ecification	
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**or number previously paid, if o	greater; For i	Reissue, see below		149	790	249	395	For each additi examined (37 (onal invention to be CFR 1.129(b))	
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103 22 203	11	Claims in excess of 20	•	Othe	er fee (s	pecify)			
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SUBMITTED BY									Reg. Number	44.000
Typed or Printed Name	(Peter K. McLarty						11		44,923
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